CENTRAL COMMUNITY HEALTH BOARD OF HAMILTON COUNTY, INC.

supported by
Hamilton County Community Mental Health Board
and Hamilton County Alcohol & Drug Addiction Services Board
520-532 Maxwell Avenue
Cincinnati, Ohio 45219

Bennett J. Cooper, Jr.
Executive Director

September 28, 2004

RE: Carmen Carter
DOB: 08/23/1953
SSN: [redacted]

To Whom It May Concern:

The above referenced patient was admitted for treatment on 03/13/2003. She sees Barbara Duhart, LISW biweekly for individual therapy and Al Rivera, MD every 8 weeks for med/somatic monitoring.

Ms. Carter has an admitting diagnosis of Depressive Disorder, NOS, DSM IV 311. She has had only minimal positive response to treatment, effecting several medication changes since admit. Ms. Carter was given Effexor XR, Neurotin and Serzone at the beginning of treatment with little to no symptom relief. This medication was changed on 09/16/03 with the discontinuing of Serzone and addition of Zyprexa, 5 mg at bedtime. On 12/23/03 the Zyprexa was lowered to 2.5 mg at night but was increased back to 5 mg on 02/03/04. Due to lack of positive response, the Zyprexa was increased again to 10 mg on 03/09/04. Zyprexa was discontinued on 04/20/04 and Geodon was started at 40 mg. HS. On 05/25/04, Geodon was increased to 80 mg HS along with continuation of Effexor XR, 300 mg q d and Neurontin 300 mg BID. Geodon was increased to 20 mg qd and 80 mg HS on 07/25/04. Ms. Carter reported no positive responses and by her request, on 08/24/04, the Geodon was prescribed on a decreasing dosing schedule to discontinue and a trial of Abilify 10 mg was instigated. Evaluation of this latest medication change is due at next appointment.

This info is given to the patient at her request on September 28, 2004. Additional information available with receipt of properly endorsed releases.

Exh 1

CENTRAL COMMUNITY HEALTH BOARD OF HAMILTON COUNTY, INC.

supported by
Hamilton County Community Mental Health Board
and Hamilton County Alcohol & Drug Addiction Services Board

520-532 Maxwell Avenue
Cincinnati, Ohio 45219

Bennett J. Cooper, Jr.
Executive Director

Carmen Carter
DOB: 08/23/53
[redacted]
October 28, 2003

TREATMENT EPISODE OVERVIEW

Ms. Carter was admitted to this agency on March 13, 2003 with a provisional admitting diagnosis of Depressive Disorder – NOS – DSM IV 311.. She presented with sleep disturbances, high levels of anxiety, feeling hopeless and helpless and overwhelmed by environmental stressors.

Ms. Carter was evaluated and assessed by Al Rivera, MD on March 18, 2003 and at that time was given trial medications, as follows: Effexor XR 150 mg twice daily; and Serzone 50 mg PO qd At follow up, medications were changed to the following: Effexor XR, 150 mg, one twice daily; Neurotin, 300 mg – one three times daily and Serzone, 150 mg one time daily. Patient has experienced several failed trials of various medications and adjustments were expected. Having shown minimal positive response to the above, on 09/16/03, Serzone was discontinued and Zyprexa, 5 mg PO one HS was prescribed. However, due to concerns that one possible side effect of taking Zyprexa is diabetes, Ms. Carter declined Zyprexa and opted to continue with Serzone. In the interim, patient had blood glucose levels done and those results are not yet available. Ms. Carter reports high blood pressure regulated by Norvasc, high cholesterol levels and she is somewhat overweight, all conditions making her a candidate for diabetes, posing a much higher risk for Zyprexa therapy.

Individual therapy sessions began on March 27, 2003 with Barbara Duhart, LISW. Focus of initial therapy was to stabilize on medications, identify triggers//sources of increased anxiety and feeling overwhelmed and work on skills/coping mechanisms in order to regain and maintain former levels of functioning. Some progress has been made but many obstacles to recovery remain firmly in place.

Exh 2

Another focus of sessions was to build self confidence so that Ms. Carter could return to work. She also needed to move and at first was unable to accomplish this. She did eventually move to a new place but the stress and struggle in accomplishing the move induced exacerbation of the original symptoms and negated any progress to date. Ms. Carter also took a job and was attempting full time work when her father passed away in Chicago. She faced a different type of therapy need after returning home as she had obtained family information hidden for some time. Unresolved early childhood issues were explored. Ms. Carter continued to take medications but reported little, if any relief from depressive symptoms. Her fatigue was just as enduring and intense, there were episodes of binge eating, uncontrollable crying spells, poor memory and inability to concentrate and focus on any given task to completion. Grief, loss and acceptance of the inevitable were incorporated into sessions. Ms. Carter remains depressed and she is beginning to hold little hope of any relief in the near future. Explored options including voc/ed for career changes; part time employment; part time entitlements; there are several avenues open to Ms. Carter should she desire to begin accessing these and other resources. Ms. Carter indicated that she has filed for SSI and disability benefits.

Prognosis for Ms. Carter is guarded, mostly due to lack of positive response to several medications in various combinations. Physical indicators and attributes have been considered and Ms. Carter has been advised to get the regular maintenance physical with blood levels and thyroid check completed. She is still displaying the same set of symptoms as when she was first admitted and the far reaching effects of continuing symptomlogy add heavily to already prominent features of clinical depression.

ADMREC

UNIVERSITY OF CINCINNATI HOSPITAL
ADMISSION RECORD

MEDICAL RE

ACCOUNT NUMBER	ADM. CAT.	SOURCE	ADMIT DATE	ADMIT TIME	SERVICE	TEAM	UNIT	ROOM/BED	
[redacted]	EM	1	08/07/		NURO		PRE	0000-00	0000012

PATIENT NAME (LAST, FIRST, MIDDLE)	MAIDEN	SEX	RACE	MAR. ST.	AGE	BIRTHDATE
CARTER, CARMEN		F	UN	U	042	08-23

ADDRESS (STREET)	APT.	CITY	STATE	ZIP CODE
2450 GRANDVIEW AVENUE		CINCINNATI	OH	4526

COUNTY	ADM. THROUGH	RELIGION	SOCIAL SECURITY NO.	TELEPHONE - HOME
HAMILTON	OTHR		[redacted]	513/7515076

NEXT OF KIN NAME	RELATIONSHIP	TELEPHONE - HOME	TELEPHONE - WORK
CARTER, MAE	MOTHER	312/2686648	

LOCAL CONTACT NAME	RELATIONSHIP	TELEPHONE - HOME	TELEPHONE - WORK
CARTER, MAE	MOTHER	312/2686648	

SYMPTOMS/DIAGNOSIS
INTRACTABLE COMPLEX PARTIAL SEIZURES

ATTENDING M.D.	RESIDENT M.D.
PRIVITERA, MICHAEL D	NOT, APPLICABLE

REFERRING PHYSICIAN/ADDRESS

FAMILY DOCTOR (PRIMARY CARE PHYSICIAN)/PRACTICE SITE
VICKERS, LEROY 2600 STRATFORD CINCINNATI OH

U.H. ADMITS PAST TWELVE MONTHS	FROM	TO	FROM	TO	LAST OUTPT. VISIT	LAST

ACCIDENT DATE	TIME	TYPE	PLACE

PATIENT EMPLOYER NAME	TELEPHONE	STREET	CITY	STAT
THE CINCINNATI POST	5133522741	125 E COURT ST	CINCINNATI	

GUARANTOR NAME/HOME TELEPHONE	SOCIAL SECURITY NO.	GUARANTOR EMPLOYER/TELEPHONE
CARTER, CARMEN 5137515076	[redacted]	THE CINCINNATI POST

PRIMARY INSURANCE

CO. NO.	PLAN NO.	THIRD PARTY NAME/TELEPHONE	PLAN NAME
31	099	AETNA 800/8434112	I/P AETNA MISC

SUBSCRIBER/CASE NAME	POLICY/CASE NUMBER	EFFECTIVE DATE
CARTER, CARMEN	[redacted]	10018

PLAN NOTES

SECONDARY INSURANCE

CO. NO.	PLAN NO.	THIRD PARTY NAME/TELEPHONE	PLAN NAME
01	001	SELF PAY • 000/0000000	I/P O/P SELF

SUBSCRIBER/CASE NAME	POLICY/CASE NUMBER	EFFECTIVE DAT
CARTER, CARMEN		

PLAN NOTES

TERTIARY INSURANCE

CO. NO.	PLAN NO.	THIRD PARTY NAME/TELEPHONE	PLAN NAME
		/	

SUBSCRIBER/CASE NAME	POLICY/CASE NUMBER	EFFECTIVE DA

PLAN NOTES

SPECIAL INDICATORS
FACULTY PHYSICIAN PATIE

FREEDM
ADMIT S
DISCHA

UH-97
REV. 10/91

MEDICAL RECORD COPY

Exh 3

"CNSFRM"

UNIVERSITY OF CINCINNATI HOSPITAL
CONSULTATION FORM

[redacted] [redacted]

[redacted] 08/23/953 UNF
JUPITER, CARMEN
2453 GRANDVIEW AVENU
CINCINNATI OH 45206
[redacted] V 51

UMC-13, Rev. 2/95

CONSULTATION REQUEST TO: PSYCHIATRY (SERVICE)
J. COTTON VCN / DR. L ARNOLD (PHYSICIAN)

CONSULTATION FROM: NEUROLOGY (SERVICE)
SYAL / ARNITERA (PHYSICIAN)

REASON FOR CONSULT: EVALUATE FOR DEPRESSION.

4 of (4)

DATE/TIME CONSULT INITIATED/CALLED	DATE/TIME CONSULTANT ANSWERED
8/6/96	

IMPRESSION: 42 y.o. B ♀ CURRENTLY IN HOSPITAL FOR EVALUATION TO R/O PSYCHOGENIC SEIZURES.

① MAJOR DEPRESSIVE DISORDER
Pt APPEARS TO BE SOCIALLY ISOLATED, NOT CLOSE TO FAMILY, + VERBA MANY AREAS OF UNHAPPINESS (JOB, CAREER, CINCINNATI, WEIGHT)

② CANNOT R/O CONVERSION DISORDER ± SEIZURES
DIFF: MALINGERING, FACTITIOUS DISORDER, TRUE EPILEPTIC SI

③ CANNOT R/O EATING DISORDER
HX OF PAST BINGE EATING WITHOUT PURGING.
SEEMS TO BE FOCUSED ON BODY FAT & IMAGE.

④ CANNOT R/O AXIS II PERSONALITY DISORDER – more information needed.

RECOMMENDATIONS:

① OUTPATIENT REFERRAL FOR RE-EVALUATION + APPROPRIATE TREATMENT

② START ZOLOFT 50 mg PO qAM

Re-evaluated. As noted above pt has major depression and multiple psychosocial stressors. Psychogenic seizures are not likely conversion symptoms. Discussed at length the need for outpt treatment including antidepressant medication and psychotherapy. Pt was referred to U. Psych Service 475-8710. Pt agreeable to above recommendations. Reviewed side-effects of Zoloft.

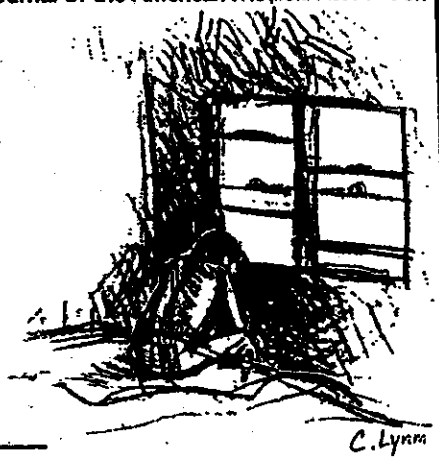
J. Cotton VCN 97-2001 — Lesley McArnold MD

RESIDENT PHYSICIAN CONSULTANT — ATTENDING PHYSICIAN CONSULT

WHITE—MEDICAL RECORD YELLOW—CONSULTANT

The Journal of the American Medical Association

Depression



A person who feels sad all the time, has unexplained crying spells, or loses interest in usual activities may have major depression, a serious medical illness that should be distinguished from normal temporary feelings of sadness after a loss, such as the death of a relative or friend. Major depression affects 14 million persons in the United States each year. The June 18, 2003, issue of *JAMA* is a theme issue devoted to articles about depression.

SYMPTOMS OF MAJOR DEPRESSION

Having at least 5 of these symptoms occurring nearly every day for at least 2 weeks:

- Feeling sad or empty
- Decreased interest or pleasure in activities
- Appetite change with weight loss or weight gain
- Decreased or increased sleeping
- Fatigue or loss of energy
- Feeling worthless or guilty
- Being either agitated or slowed down
- Difficulty thinking or concentrating
- Recurrent thoughts of death or suicide

OTHER TYPES OF DEPRESSION

- **Bipolar disorder (previously called manic-depressive disorder)**—occurrence of episodes of major depression and episodes of abnormally elevated mood called mania (severe) or hypomania (less severe)
- **Dysthymia**—mild depression symptoms lasting for at least 2 years
- **Postpartum depression**—depression occurring after the birth of a baby
- **Seasonal affective disorder**—major depression occurring regularly in seasons with low sunlight

TREATMENTS FOR DEPRESSION

- **Medications**
  Several types of antidepressant medications have been shown to be effective for depression, but they must be taken for several weeks before they begin to work.
- **Psychotherapy**
  Several kinds of "talking therapies" have also been shown to be effective for depression. They involve evaluating and changing the thoughts, attitudes, and relationship problems that are associated with depression.
- **Bright light**
  Daily exposure to bright light can be helpful for seasonal depression.
- **Electroconvulsive therapy**
  A series of treatments involving passage of electric current through the brain while the patient is asleep from an anesthetic medication can often relieve even severe depression. These treatments are usually given about 3 times per week for several weeks.

Anyone who is experiencing symptoms of depression should be evaluated by a doctor. Although individuals with depression often feel that nothing can help them, effective treatments are available. Evaluation and treatment are particularly important to prevent suicide. Suicide usually stems from depression.

FOR MORE INFORMATION

- American Psychiatric Association
  888/357-7924
  www.psych.org
- National Mental Health Association
  800/969-6642
  www.depression-screening.org
- Depression and Bipolar Support Alliance
  800/826-3632
  www.dbsalliance.org
- National Institute of Mental Health
  www.nimh.nih.gov

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on *JAMA*'s Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on postpartum depression was published in the February 13, 2002, issue; one on electroconvulsive therapy was published in the March 14, 2001, issue; one on adolescent suicide was published in the December 26, 2001, issue; and one on psychiatric illness in older adults was published in the June 7, 2000, issue.

Sources: American Psychiatric Association, National Institute of Mental Health, Depression and Bipolar Support Alliance, National Mental Health Association

Janet M. Torpy, MD, Writer
Cassio Lynm, MA, Illustrator
Richard M. Glass, MD, Editor

Exh 4